

Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR

ALPI 6 16984 R

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or and and joint inventor (if plural names are listed below) of the subject matter which is describ in patent number 5,768,769, granted	ed and claimed
is attached hereto.	
was filed on as reissue application number/ and was amended on (If applicable)	
I have reviewed and understand the contents of the above identified specification, includes a smended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as define 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasolelow. (Check all boxes that apply.)	ed in
by reason of a defective specification or drawing.	
by reason of the patentee claiming more or less than he had the right to claim in the by reason of other errors.	e patent.
At least one error upon which reissue is based is described as follows: Claims to an element or subcombination as such and apart from ar originally-claimed combination that could have been pursued in my original application for patent.	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/51 (12-97 Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. SUE APPLICATION DECLARATION BY THE INVENTOR, page 2) Docket Number (Optional) ALPI 6 16984 R All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Name(s) Registration Number John F. Booth 25,325 Correspondence Address: Direct all communications about the application to: Place Customer Number Bar Customer Number Code Label here OR Type Customer Number here Firm or Crutsinger & Booth Individual Name 1601 Elm Street, Suite 1950 **Address** Address City Dallas TX 75201 State ZIP USA Country 214 220 0444 Telephone 214 220 0445 Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) Wayne A. Shamblin Inventor's signature Residence 1029 Summit Drive h-21.00 Post Office Address Citizenship USA Burleson, TX 76028 Full name of second joint inventor (given name, family name) Inventor's signature Date Residence Citizenship Post Office Address Full name of third joint inventor (given name, family name) Inventor's signature Date Residence Citizenship

Additional joint inventors are named on separately numbered sheets attached hereto.

Post Office Address